

2  
3-40  
-39  
X23159

FILED DEC 5 1941

Registration District No. 3814

Primary Registration District No. 4408

State File No. \_\_\_\_\_

Registrar's No. 37

1. PLACE OF DEATH:

(a) County PIKE  
(b) City or town Bowling Green MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: In Court St.  
(If not in hospital or institution, write street, number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME DORIS ELIZABETH WARE.

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. yes  
490-18-6277

4. Sex FEMALE 5. Color or race White  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife News G. Ware  
6. (c) Age of husband 25 years if alive  
28 (Day) 1919 (Year)

7. Birth date of deceased Nov (Month) 28 (Day) 1919 (Year)

8. AGE: Years 21 Months 11 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Council Grove, Kansas!  
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress - Housewife

11. Industry or business \_\_\_\_\_

12. Name Floyd E. Williams

13. Birthplace Dallas Mo. D  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Belle Campbell

15. Birthplace Council Grove, Kansas!  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Floyd E. Williams

(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof Nov-12-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green, Mo.

18. (a) Signature of funeral director Wm. B. Bantshard

(b) Address Bowling Green Mo

19. (a) 11-12-1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE 82  
(c) City or town BOWLING GREEN  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, 10th, day 1941  
year \_\_\_\_\_ hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from Nov 10th 1941 to Nov 10th 1941;  
that I last saw her alive on Nov 10th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of the heart

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: none 95C4  
Of operations \_\_\_\_\_  
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature James B. [Signature] (M. D. or other)

Address Bowling Green, Mo Date signed 11/11/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

616

RECEIVED

District Health Officer No. 10

District File Number 12-41-2123

Date Filed DEC. 3 1941

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.